

**Application Data Sheet****Application Information**

Application number::	Not Yet Assigned
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	No
Title::	DIAGNOSING PREDISPOSITION TO FAT DEPOSITION AND ASSOCIATED CONDITIONS
Attorney Docket Number::	524592003100
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Gail
Middle Name::	Isabel Reid
Family Name::	ADAM
Name Suffix::	Adam
City of Residence::	Knivsta
Country of Residence::	Sweden
Street of mailing address::	Hogasvagen 101
City of mailing address::	Knivsta
Country of mailing address::	Sweden

Postal or Zip Code of mailing address:: 741 41

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Maria  
Middle Name:: L.  
Family Name:: LANGDOWN  
City of Residence:: La Jolla  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 8427 Via Mallorca, Apt. 115  
City of mailing address:: La Jolla  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92037

**Correspondence Information**

Correspondence Customer Number:: 25225

**Representative Information**

Representative Customer Number:: 25225

**Foreign Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
To be assigned		60/392,361	06/27/2002